SAH- Advisor Assessment Form- DRAFT COPY 3

A. PATIENT DETAILS

1. NCEPOD number ☐☐☐☐☐☐

2. Age of Patient ☐☐☐

3. Gender ☐ Male   ☐ Female

4. Weight ☐☐☐ kg OR ☐☐ st ☐☐ lb ☐ insufficient data

5. Height ☐☐☐ cm OR ☐ ft ☐☐ in ☐ insufficient data

B. CASE SUMMARY

6. Please indicate all the appropriate points on the patient pathway that apply to this patient's care (answers may be multiple)

☐ GP referral   ☐ GP consultation in person   ☐ GP telephone consultation

☐ Presentation at emergency department in secondary / acute care hospital

☐ Admitted to other ward in secondary/ acute care (please state) ☐☐☐☐☐☐☐☐☐☐☐

☐ Transfer from secondary /acute care hospital to different hospital with neurosurgical unit

☐ Transfer to neurosurgical unit within same hospital

☐ Direct admission to neurosurgical unit

☐ Admission to hospital via outpatient clinic

☐ Transfer from one neurosurgical unit to another

7. Please complete the table with respect to times/dates of the listed events in relation to this case (where applicable)

Event	Time 00:00 hours (24 hr clock)	Date dd/mm/yy*	Day SAH = 0	N/A	Insufficient Data
SAH onset	☐☐ ☐☐	☐☐ ☐☐ ☐☐	0 0		☐
GP referral	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
First arrival in secondary care hospital emergency department following SAH	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
First admission to secondary care AMU (or equivalent) following SAH	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
First admission to ward (other than AMU) in secondary care	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
CT scan performed	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Lumbar Puncture performed	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Diagnosis confirmed (documented differential)	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Admission to neurosurgical unit	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Emergency haematoma evacuation	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
First CSF diversion	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Diagnostic angiography (DSA or CTA)	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐

Continued overleaf..

Event *may occur more than once	Time 00:00 hours	Date dd/mm/yy	Day SAH = 0	N/A	ID
Primary intervention (coiling or clipping)	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Re-bleeding (pre- or post-intervention)*	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Ventriculo-peritoneal shunting*	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Onset of delayed cerebral ischaemia	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Discharge	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Death in Neurosurgical Unit	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐
Death in Secondary care	☐☐ ☐☐	☐☐ ☐☐ ☐☐	☐☐	☐	☐

8a. Did the patient see their GP in relation to this SAH ? ☐ Yes ☐ No ☐ insufficient data

8b. If YES is there any evidence in the case notes that the diagnosis was delayed/ overlooked? ☐ Yes ☐ No ☐ insufficient data

8c. If YES, could this have affected the outcome? ☐ Yes ☐ No ☐ insufficient data

8d. If YES, please give details:

☐

9a. Did the patient see paramedics in relation to this SAH ? ☐ Yes ☐ No ☐ insufficient data

9b. If YES is there any evidence in the case notes that the diagnosis was delayed/ overlooked? ☐ Yes ☐ No ☐ insufficient data

9c. If YES, could this have affected the outcome? ☐ Yes ☐ No ☐ insufficient data

9d. If YES, please give details:

☐

10a. Had the patient had any previous presentations in secondary care with symptoms relating to SAH ? ☐ Yes ☐ No ☐ insufficient data

10b. If YES, was there any evidence that the diagnosis was delayed/ overlooked? ☐ Yes ☐ No ☐ N/A

10c. If YES, could this have affected the outcome? ☐ Yes ☐ No ☐ insufficient data

10d. If YES, please give details:

☐

C. PRESENTATION IN SECONDARY CARE

11a. Did the patient present at a secondary/ acute care hospital? ☐ Yes ☐ No

11b. if YES (the patient presented at a secondary/ acute care hospital), please continue to question 12 If the patient was admitted directly to a neurosurgical unit, please proceed to section F .

12. Following presention to secondary care was the patient cared for in the emergency department only (i.e. was not formally admitted to secondary care)* ☐ Yes ☐ No ☐ insufficient data

*NB admission to AMU or equivalent is considered as an admission to the hospital

13a. Time/ date of initial assessment in secondary care

h h   m m   D D   M M   Y Y Y Y

13b. Please enter the grade and specialty of the clinician that conducted the initial assessment:

(please use the grade codes listed on the back page)

(please use the national specialty codes listed on the back page)

☐ Insufficient data   ☐ Insufficient data

14a. Did the initial assessment satisfactorily cover:

History taking   ☐ Yes   ☐ No   ☐ Insufficient data

Neurological examination   ☐ Yes   ☐ No   ☐ Insufficient data

Differential Diagnosis   ☐ Yes   ☐ No   ☐ Insufficient data

Investigation planning   ☐ Yes   ☐ No   ☐ Insufficient data

Treatment planning   ☐ Yes   ☐ No   ☐ Insufficient data

14b. If NO to any of the above, please specify deficiency:

14c. If deficiency specified, could this deficiency have affected the outcome? ☐ Yes ☐ No ☐ Insufficient data

14d. If YES, please give details:

15a. Were there any delays in the initial assessment?   ☐ Yes   ☐ No   ☐ Insufficient data

15b. If YES, please give details:

15c. If YES, could this delay have affected the outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

15d. If YES, please give details:

16a. Is the first consultant review in secondary care documented?   ☐ Yes   ☐ No   ☐ Insufficient data

16b. If YES, please enter the time and date: Date   D D   M M   Y Y   Time   h h   m m

16c. In your opinion, for this case was the patient reviewed by a consultant within an appropriate timeframe?   ☐ Yes   ☐ No   ☐ Insufficient data

17a. Was the patient referred for a CT scan   ☐ Yes   ☐ No   ☐ Insufficient data

17b. If YES, in your opinion, given the severity of of the patient's condition, were there any problems/delays with the CT scan?   ☐ Yes   ☐ No   ☐ Insufficient data

17c. If YES please select, and give details below   ☐ Delay   ☐ Other (Please state below)   ☐ Airway management during CT

17d. If NO to 17a, please explain:

17e. Was a formal report of the CT scan documented in the case notes?   ☐ Yes   ☐ No   ☐ Insufficient data   ☐ N/A (no CT scan)

17f. If NO, please explain:

17g. If YES to 17e, what was the grade of the radiologist?

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18a. Did the patient undergo LP? ☐ Yes ☐ No ☐ Insufficient data

18b. If YES were there any problems/delays? ☐ Yes ☐ No ☐ Insufficient data

18c. If YES please specify

_____

19a. Is there evidence of any other deficiencies in the investigations performed? ☐ Yes ☐ No

19b. If YES, please state:

_____

20a. Is there evidence that there were investigations that were not performed that should have been? ☐ Yes ☐ No

20b. If YES, please state:

_____

21a. In your opinion, was the diagnosis made within an appropriate timeframe? ☐ Yes ☐ No ☐ Insufficient data

21b. If NO, did this affect the outcome? ☐ Yes ☐ No ☐ Insufficient data

21c. If, in your opinion, the outcome was affected, please explain:

_____

22a. If patient was admitted to a ward in secondary care, which location were they admitted to?

☐ ICU/ITU/Level 3　☐ Surgical ward (state specialty)　☐ Emergency department　☐ Medical ward (state specialty)

☐ HDU/Level 2　☐ Outpatient department　☐ MAU/AMU etc.　☐ Other: _____

22b. Was this the appropiate location? ☐ Yes ☐ No ☐ Insufficient data

22c. If NO, to which location should they have been admitted?

_____

23a. At any time during their presentation/admission to secondary care, was the patient referred to tertiary neurosurgical care (either within this hospital or in a different hospital)? ☐ Yes ☐ No ☐ Insufficient data

23b. If NO, was this an active clinical decision? ☐ Yes ☐ No ☐ Insufficient data

23c. If YES, was the clinician making this decision of the appropriate grade and specialty? ☐ Yes ☐ No ☐ Insufficient data

23d. If NO, was an appropriate specialist opinion sought? ☐ Yes ☐ No ☐ Insufficient data

23e. If NO, please explain

_____

24a. If NO, to Q23a, in your opinion was this course of action appropriate? ☐ Yes ☐ No ☐ Insufficient data

24b. If NO, please give details

D. CONSERVATIVE MANAGEMENT

25. Was the patient managed conservatively during their admission   ☐ Yes   ☐ No

If YES please continue to question 26, if NO, please proceed to question 34

26. Were the reasons for the decision clearly documented in the notes   ☐ Yes   ☐ No   ☐ Insufficient data

27. In your opinion, was the decision appropriate?   ☐ Yes   ☐ No   ☐ Insufficient data

28. What were the reason (s) for the decision to manage the patient conservatively? (answers may be multiple)

☐ Co-morbidities   ☐ aneurysm was inoperable   ☐ Patient decision/ living will

☐ Unsurvivable haemorrhage   ☐ Insufficient data   ☐ Neurological state   ☐ No rationale documented

☐ Other (please state)

29. Was the grade of clinician making the decision appropriate?   ☐ Yes   ☐ No   ☐ Insufficient data

30. If the patient was not referred or discussed with the regional neurosugical unit, was this appropriate?   ☐ Yes   ☐ No   ☐ Insufficient data

31a. Was the decision to opt for conservative management discussed with the patient?   ☐ Yes   ☐ No   ☐ Insufficient data

31b. If YES was this discussion with the patient documented in the notes?   ☐ Yes   ☐ No   ☐ Insufficient data

32a. Was the decision to opt for conservative management discussed with the next of kin?   ☐ Yes   ☐ No   ☐ Insufficient data

32b. If YES was this discussion with the next of kin documented in the notes?   ☐ Yes   ☐ No   ☐ Insufficient data

33a. Were there any deficiencies in the management of patients that were managed conservatively?   ☐ Yes   ☐ No   ☐ Insufficient data

33b. If YES, were these in: ☐ Monitoring   ☐ End of Life Care   ☐ DNA-CPR

☐ Treatment of complications (please specify)

☐ Other (please specify)

ASSESSMENT OF SECONDARY CARE

34a. How would you rate the quality of care of this patient in secondary/ acute care   ☐ Good   ☐ Adequate   ☐ Poor   ☐ Unacceptable   ☐ Insufficient data

34b. If rated POOR or UNACCEPTABLE, please state reasons or that assessment:

35a. At any point during their admission to secondary care, was the patient referred to a neurosurgical centre?   ☐ Yes   ☐ No   ☐ Insufficient data

If YES (the patient was referred to a neurosurgical centre) please continue to section E otherwise, please proceed to section I

E. REFERRAL & TRANSFER

36. What was the time/ date of the decision to transfer the patient?

Date   D D   M M   Y Y Y Y   ☐☐ ☐☐ ☐☐☐☐

Time   h h   m m   ☐☐ ☐☐

37. Please complete the following table with respect to any delays in the transfer process:

	Delay?	Deterioration during delay?	Outcome affected?
A) Requesting CT scan in referring hospital/department	☐ Yes ☐ No ☐ ID ☐ NA- no CT scan	☐ Yes ☐ No ☐ ID ☐ NA	☐ Yes ☐ No ☐ ID ☐ NA
B) Performing CT scan in referring hospital/department	☐ Yes ☐ No ☐ ID ☐ NA- no CT scan	☐ Yes ☐ No ☐ ID ☐ NA	☐ Yes ☐ No ☐ ID ☐ NA
C) Interpreting CT scan in referring hospital/department	☐ Yes ☐ No ☐ ID ☐ NA- no CT scan	☐ Yes ☐ No ☐ ID ☐ NA	☐ Yes ☐ No ☐ ID ☐ NA
D) Referral to neurosurgeons by the hospital/department where the patient first presented	☐ Yes ☐ No ☐ ID	☐ Yes ☐ No ☐ ID	☐ Yes ☐ No ☐ ID
E) Availability of contact in neurosurgical centre	☐ Yes ☐ No ☐ ID	☐ Yes ☐ No ☐ ID	☐ Yes ☐ No ☐ ID
F) Acceptance by the neurosurgical centre	☐ Yes ☐ No ☐ ID ☐ NA- not accepted for transfer	☐ Yes ☐ No ☐ ID ☐ NA	☐ Yes ☐ No ☐ ID ☐ NA
G) Transfer to the neurosurgical centre	☐ Yes ☐ No ☐ ID ☐ NA- not transferred	☐ Yes ☐ No ☐ ID ☐ NA	☐ Yes ☐ No ☐ ID ☐ NA
H) Other (please state)	☐ Yes ☐ No ☐ NK	☐ Yes ☐ No ☐ NK	☐ Yes ☐ No ☐ NK

38a. If answered YES, to Q37D: were the reasons for this?

☐ Patient required resuscitation/intubation   ☐ Unknown

☐ Issue of staffing/ resources in referring hospital/ depatment (please state)

☐ Other reason (please state)

38b. If answered YES, to Q37F: were the reasons for this?   ☐ Lack of beds in neurosurgical centre

☐ Other Issue of staffing/ resources in neurosurgical centre (please state)

☐ Other reason (please state)

38c. If answered YES, to Q37G: what were the reasons for this?

☐ Lack of beds in neurosurgical centre

☐ Delay in provision of transport/ ambulance

☐ Delay in finding staff to accompany the patient

☐ Delay in establishing contact with the next of kin

☐ Intubation/ resuscitation

☐ Other reason (please state) [_____]

39. If in question 37, you believed that any of the delays might have affected the outcome, please state the reasons:

[_____]

40a. Was a referral note/ transfer proforma included in the casenotes?   ☐ Yes   ☐ No   ☐ Unknown

40b. If YES, did it contain adequate information?   ☐ Yes   ☐ No   ☐ Unknown

40c. If NO, what was missing?

[_____]

41a. Were there any problems associated with the transfer of radiological images/documentation to the neurosurgical centre?   ☐ Yes   ☐ No   ☐ Unknown

41b. If YES, please explain

[_____]

F. ADMISSION TO NEUROSURGICAL CENTRE

42a. To what level of care was the patient first admitted?

☐ Level 1/0 (general neurosurgical ward)   ☐ Level 2 (HDU)   ☐ Level 3 (ICU)   ☐ Other [_____]

☐ Unknown

☐ Not applicable

42b. In your opinion, did the patient go to an appropriate level of care area?   ☐ Yes   ☐ No   ☐ Unknown

42c. If NO, what level of care area should the patient have received?

☐ Level 1/0 (ward)   ☐ Level 2 (HDU)   ☐ Level 3 (ICU)   ☐ Should have gone directly to theatre/CT scan

43. Please enter the grade and specialty of the clinican that conducted the initial assessment in the neurosurgical centre:

(please use the grade codes listed on the back page) ☐☐

(please use the national specialty codes listed on the back page) ☐☐☐

☐ Insufficient data   ☐ Insufficient data

44a. Did the initial assessment in the neurosurgical centre satisfactorily cover:

History taking	☐ Yes	☐ No	☐ Insufficient data
Neurological examination	☐ Yes	☐ No	☐ Insufficient data
Investigation planning	☐ Yes	☐ No	☐ Insufficient data
Treatment planning	☐ Yes	☐ No	☐ Insufficient data

44b. If NO to any of the above, please specify deficiency:

44c. If the initial assessment was incomplete/inadequate did this affect outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

45a. Was the first consultant review in tertiary care documented in the case notes?   ☐ Yes   ☐ No

45b. If YES, please enter the time and date:

Date D D M M Y Y Y Y ☐☐ ☐☐ ☐☐☐☐   Time h h h h ☐☐ ☐☐

46. In your opinion, for this case, was the patient reviewed by a consultant within an appropriate timeframe   ☐ Yes   ☐ No   ☐ Insufficient data

47a. Were there any deficiencies in the admission process to the neurosurgical unit?   ☐ Yes   ☐ No   ☐ Insufficient data

47b. If YES, please give details?

47c. If YES, was the outcome affected?   ☐ Yes   ☐ No   ☐ Insufficient data

48. Please give your opinion on the appropriateness and timeliness of the following actions following admission to the neurosurgical unit:

	Appropriate?		Timely?		
Supportive therapy	☐ Yes	☐ No	☐ Yes	☐ No	☐ Insufficient data
Monitoring	☐ Yes	☐ No	☐ Yes	☐ No	☐ Insufficient data
Investigations	☐ Yes	☐ No	☐ Yes	☐ No	☐ Insufficient data
MDT discussion	☐ Yes	☐ No	☐ Yes	☐ No	☐ Insufficient data
Intervention	☐ Yes	☐ No	☐ Yes	☐ No	☐ Insufficient data

D R A F T
0 000000 000000

G. PROCEDURE

49a. Did the patient undergo a procedure?   ☐ Yes   ☐ No   ☐ Insufficient data

49b. If YES, please confirm in the table below, the procedure(s) that were performed during the patient's admission to the neurosurgical centre, for SAH and the time and date they were performed, If NO, please proceed to Q50

Procedure	Performed	Date D D M M Y Y Y Y	Time h h m m
Emergency haematoma evacuation	☐		
CSF diversion	☐		
Primary intervention (radiology)	☐		
Primary intervention (surgery)	☐		
Treatment for re-bleeding	☐		
Intervention for delayed cerebral ischaemia (specify)	☐		
Other procedure (please state)	☐		

50a. If the patient did not undergo a procedure, was this an active decision to manage the patient conservatively?   ☐ Yes   ☐ No   ☐ Insufficient data

50b. If YES, was this discussed with the next of kin?   ☐ Yes   ☐ No   ☐ Insufficient data

50c. If the patient did not undergo a procedure, why was this?

☐ Co-morbidities   ☐ Insufficient data   ☐ Neurological state   ☐ No rationale documented

☐ Aneurysm was inoperable   ☐ Unsurvivable haemorrhage   ☐ Other (please state) _____

51a. If No, to Q49a, in your opinion, should they have undergone a procedure   ☐ Yes   ☐ No   ☐ Insufficient data

51b. Did this advesely affect the outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

51c. If YES, please explain

_____

52a. In your opinion, was there a delay in formulating an appropriate treatment plan for this patient following admission to the neurosurgical unit?   ☐ Yes   ☐ No   ☐ Insufficient data

52b. If YES, please explain:

_____

53a. Were there any delays in performing the procedure?   ☐ Yes   ☐ No   ☐ Insufficient data

53b. If YES, please explain: ☐ N/A no procedure

_____

53c. If YES to Q53a did this affect the outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

53d. If YES, please give details:

_____

9

54a. In your opinion was the consent process satisfactory for any interventions that this patient underwent? ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

54b. If NO was this related to?:
☐ Person from whom consent was obtained ☐ Lack of discussion (documented) about risks and benefits ☐ Grade of doctor taking consent ☐ Inadequate description of risks on consent form

☐ Failure to document risk of death ☐ Other (please state below)

[ ]

55. Was there a documented discussion with the Next of Kin? ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

56. Was there adequate documentation of the procedure ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

57a. In your opinion, was the timing of either interventional radiology (coiling, stenting) or surgery (clipping) for this patient appropriate? ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

57b. If NO, did this affect the outcome? ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

57c. If YES, please give details

[ ]

58a. Were there any staffing issues during the perioperative care of this patient: ☐ Communication problems between theatre clincians/ healthcare staff ☐ No concerns ☐ Insufficient data

☐ Other (please state) ☐ Lack of a dedicated first assistant ☐ Lack of other theatre staff member ☐ N/A no procedure

[ ]

58b. If YES to any of the above, did this adversely affect the outcome? ☐ Yes ☐ No ☐ Insufficient data

58c. If YES, please give details [ ]

59a. Was there any evidence of PROCEDURAL intra-operative complications ☐ Yes ☐ No ☐ Insufficient data ☐ N/A no procedure

59b. If YES, please specify [ ]

Surgery
☐ Intra-operative rupture ☐ Branch vessel occlusion ☐ Prolonged temporary occlusion
☐ Other (please state) ☐ Post-operative haematoma ☐ Brain swelling

[ ]

Interventional Radiology
☐ Failure of device ☐ Thromboembolism ☐ Rupture ☐ Perforation
☐ Other (please state) ☐ Groin Haematoma

[ ]

59c. If YES to Q59a, were these adequately managed? ☐ Yes ☐ No ☐ Insufficient data

59d. If NO, did this affect the outcome? ☐ Yes ☐ No ☐ Insufficient data

59e. If YES, please give details

[ ]

H. POST-OPERATIVE CARE / COMPLICATIONS OF SAH

60a. What level of care did this patient receive after leaving the operating theatre/recovery room

☐ Level 1/0(general Neurosurgical ward) ☐ Level 2 (HDU) ☐ Level 3 (ICU) ☐ Insufficient data ☐ N/A no procedure

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☐ What level of care did this patient receive after leaving the operating theatre/recovery room

60b. ☐ Level 1/0(general Neurosurgical ward)   ☐ Level 2 (HDU)   ☐ Level 3 (ICU)   ☐ Insufficient data

60c. Was this an appropriate level of care?   ☐ Yes   ☐ No   ☐ N/A no procedure data

60d. If NO, which location should the patient have gone to?
☐ Level 1/0(general Neurosurgical ward)   ☐ Level 2 (HDU)   ☐ Level 3 (ICU)   ☐ Insufficient data

60e. Did this adversely affect the patient's outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

60f. If YES, please explain

[text box]

61. During the post operative period, is there any evidence that access to a level 3 care bed was:-
(answers mav be multiple)
☐ Delayed?   ☐ Denied?   ☐ Neither   ☐ N/A no procedure   ☐ Insufficient data

62. Was there documented formal assessment of the patient by the following therapists during the post operative period (or if no procedure, throughout the admission; please mark all that apply)

☐ Physiotherapy   ☐ Occupational therapy   ☐ Speech & language therapy   ☐ Neuropsychology   ☐ N/A
☐ None of the above   ☐ Insufficient data

63a. Was there adequate multidisciplinary management of the patient's care during the post operative period (or if no procedure, during the admission)?   ☐ Yes   ☐ No   ☐ Insufficient data

63b. If NO, what were the deficiencies?

[text box]

64a. Was fluid/electrolyte balance monitoring adequate throughout the admission?   ☐ Yes   ☐ No   ☐ Insufficient data

64b. If NO, did this affect outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

64c. If YES, please give details

[text box]

65a. Was there any evidence of any complications of SAH   ☐ Yes   ☐ No

65b. If YES, please specify   ☐ Vasospasm/ delayed cerebral ischaemia   ☐ Re-bleeding   ☐ Hydrocephalus
☐ Other(please state) [text box]

65c. If YES, were these adequately managed?   ☐ Yes   ☐ No   ☐ Insufficient data

65d. If NO, did this affect the outcome?   ☐ Yes   ☐ No   ☐ Insufficient data

65e. If YES, please give details

[text box]

65a. In your opinion were any of the complications avoidable?   ☐ Yes   ☐ No   ☐ Insufficient data

65b. If YES, please give details

[text box]

66a. Was vasospasm / delayed cerebral ischaemia actively monitored using transcranial doppler?   ☐ Yes   ☐ No   ☐ Insufficient data   ☐ N/A

66b. If NO, was it monitored by other means?(please state) [text box]   ☐ Yes   ☐ No   ☐ Insufficient data

67b. Did any other(complications occur?   ☐ Yes   ☐ No   ☐ Insufficient data

67b. If YES, please give details: [text box]

67c. If YES, was the outcome affected?   ☐ Yes   ☐ No   ☐ Insufficient data

RATING OF CARE IN TERTIARY CENTRE

68a. Please rate the quality of the care of this patient in the tertiary neurosurgical centre

☐ Good ☐ Adequate ☐ Poor
☐ Unacceptable ☐ Insufficient data

68b. If POOR or UNACCEPTABLE please state reasons for that assessment:

I. END OF LIFE CARE PLANNING

69a. In your opinion, was end of life care planning appropriate for this patient?
☐ Yes ☐ No ☐ Insufficient data

69b. If YES, was a saisfactory end of life care plan in place?
☐ Yes ☐ No ☐ Insufficient data

69c. If YES, Was this adequately communicated to the next of kin?
☐ Yes ☐ No ☐ Insufficient data

70a. Was the patient:
☐ For CPR ☐ Not for CPR ☐ CPR status was not documented

70b. What should have been the resuscitation status of the patient
☐ For CPR ☐ Not for CPR ☐ Appropriate to not consider CPR status

70c. Was the CPR status adequately communicated to the next of kin?
☐ Yes ☐ No ☐ Insufficient data

J. DISCHARGE & FOLLOW UP

71a. What was the discharge destination of the patient?
☐ Place of residence ☐ Nursing home
☐ Other hospital for neuro-rehabilitation
☐ Hospital from which patient was transferred to the neurosurgical centre
☐ Other hospital for further treatment (other than rehabilitation)
☐ Insufficient data
☐ N/A patient died

If the patient survived, please answer questions 72-75:

72a. Was there an adequate rehabilitation plan
☐ Yes ☐ No ☐ Insufficient data

72b. Were there any delays in the patient being transferred for rehabilitation
☐ Yes ☐ No ☐ Insufficient data

73. Is there any evidence in the case notes that the patient was discharged too soon?
☐ Yes ☐ No ☐ Insufficient data

74. Is there evidence in the case notes of an adequate plan to follow up the patient
☐ Yes ☐ No ☐ Insufficient data

75a. Is there evidence in the case notes for the following at the time of discharge (please mark all that apply)?
☐ Patient support via telephone contact
☐ Neuro-psychology referral
☐ Insufficient data
☐ Issuing patient with information on living post-SAH
☐ Referral of patient to SAH support organisations
☐ Speech & languarge therapy referral
☐ Occupational health referral
☐ Physio-therapy referral

75b. Was the post discharge support planning adequate in your opinion?
☐ Yes ☐ No ☐ Insufficient data

K. DEATH

Please answer this section if the patient died, otherwise go to Q78.

76a. In your opinion, could the patient's death have been avoided during this admission?
☐ Yes ☐ No ☐ Insufficient data

76b. If YES, please expand on your answer:

77a. Was brain stem death testing performed?
☐ Yes ☐ No ☐ Insufficient data

77b. Was brain stem death diagnosed?
☐ Yes ☐ No ☐ Insufficient data

78a. Was this patient suitable for organ donation? ☐ Yes ☐ No ☐ Unknown

78b. If NO, please state why: [   ]

78c. If YES (the patient was suitable), did organ donation occur ☐ Yes ☐ No ☐ Unknown

78c. If NO, why did organ donation not occur?

☐ Other reason (please state)   ☐ Not considered by medical staff   ☐ Refused by next of kin

[   ]

79. Was it documented that advice on aneurysm screening was discussed in relation to 1st degree family members? ☐ Yes ☐ No ☐ insufficient data ☐ N/A

L. OVERALL ASSESSMENT OF CARE

80. Overall assessment of care for this patient (please select one category only)

☐ Good practice: a standard of care you would expect from yourself, your trainees and your institution

☐ Room for improvement: aspects of CLINICAL care that could have been better

☐ Room for improvement: aspects of ORGANISATIONAL care that could have been better

☐ Room for improvement: ASPECTS OF CLINICAL AND ORGANISATIONAL care that could have been better

☐ Less than satisfactory: several aspects of CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution

☐ Insufficient data

81a. Did this patient survive to discharge from hospital? ☐ Yes ☐ No ☐ Insufficient data

b. If NO, and if the overall quality of care was rated as less than good practice (Q80), do you think that deficiencies in care may have contributed to the patient's death? ☐ Yes ☐ No ☐ Insufficient data

82. Cause for concern cases – occasionally NCEPOD will refer cases that have been identified as "less than satisfactory" when it is felt that further feedback to the trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues highlighted across the body of case-notes. This process has been agreed by the NCEPOD Steering group and the GMC. The medical director of the trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for ten years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner. If you feel that this case should be considered for such action, please cross: ☐

M. CASE OVERVIEW

83a. Are there any issues that you feel should be highlighted in the report? ☐ Yes ☐ No

83b. If YES, please give details

[   ]

84a. Would this case form the basis of a good case-study to highlight a specific theme in the report (This might reflect either particularly good or bad management)? ☐ Yes ☐ No

84b. If YES, please summarise the important points below

[   ]

CODES FOR GRADE

01 - Consultant

02 - Staff grade / Associate specialist

03 - Trainee with CCT

04 - Senior Specialist Trainee (ST3+ or equivalent)

05 - Junior Specialist Trainee (ST1 & ST2 or CT or equivalent)

06 - Basic grade (HO/ FY1 or SHO/FY2 or equivalent)

07 - Nurse   **08 - Other**

CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthamology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	145 = Maxillo-Facial Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	140 = Oral Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

MEDICAL SPECIALTIES

300 = General Medicine	326 = Acute internal medicine	410 = Rheumatology
301 = Gastroenterology	330 = Dermatology	430 = Geriatric Medicine
302 = Endocrinology	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
303 = Clinical Haematology	350 = Infectious Diseases	501 = Obstetrics
306 = Hepatology	352 = Tropical Medicine	502 = Gynaecology
307 = Diabetic Medicine	360 = Genito-Urinary Medicine	800 = Clinical Oncology
314 = Rehabilitation	361 = Nephrology	810 = Radiology
315 = Palliative Medicine	370 = Medical Oncology	820 = General Pathology
320 = Cardiology	400 = Neurology	823 = Haematology

DEFINITIONS

CTA: Computerized tomographic angiography, also called CT angiography (CTA), is a radiological test that combines the technology of a conventional CT scan with that of traditional angiography to create detailed images of the blood vessels

DSA: Digital subtraction angiography (DSA) is a type of fluoroscopy technique used in interventional radiology to clearly visualize blood vessels in a bony or dense soft tissue environment

Fisher Grade: The Fisher Grade classifies the appearance of subarachnoid hemorrhage on CT scan.
Grade 1: None evident; Grade 2: Less than 1 mm thick; Grade 3: More than 1 mm thick; Grade 4: Diffuse or none with intraventricular hemorrhage or parenchymal extension

Level of ward care: Level 0: Patients whose needs can be met through normal ward care in an acute hospital. Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team. Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care). Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).

Primary Care: Defined by the World Health Organisation as "essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination." In the UK this typically refers to care provided by General Practitioners.

Secondary Care: Medical care provided by specialists (consultants) in a particular field of medicine, whether in a hospital or community setting. Patients are referred to these specialists by another doctor, commonly a General Practitioner (GP).

Tertiary Care: More specialised medical centres offering specialist care in a particular field, in a centre with special facilities for investigation and treatment and often covering a much wider area than primary or secondary care services.

WFNS gradeThe World Federation of Neurosurgeons (WFNS) classification uses Glasgow coma score (GCS) and focal neurological deficit to gauge severity of symptoms : Grade 1: GCS 15 FND= Absent; Grade 2: GCS 13–14, FND= Absent; Grade 3: GCS 13–14, FND=Present; Grade 4: GCS 7–12, FND=Present or absent; Grade 5: GCS <7 , FND=Present or absent

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